

The Special Attention of Physicians is respectfully invited to the Recording Policy and to the fact that the filing of this Certificate.

Board of Health, City of Baltimore,

Permit No. A. 1060

Office of Registrar of Vital Statistics. 10. W.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 22/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. W. West

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 82 Years, — Months, — Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, about 40 yrs

Place of Death, { Give street and number. } 231 Arch St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Old Age & Heart Disease

Duration of Last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Marble Cemetery

Date of Burial, July 25, 87

Undertaker, Samuel A. Chase

Place of Business, 128 S Howard St

Wm B. Riden M.D.,
Medical Attendant.

Address, 867 Harlem Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1662

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1662

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Lynch (Lynch)

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 27 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1805 Jefferson St.

Cause of Death, {First (Primary), Puerperal fever
Second (Immediate), heart disease

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincent Cem.

Date of Burial, July 25 1887

{Undertaker, Wm. S. Gray} Jno. S. Lynch M. D.

Medical Attendant.

{Place of Business, 301 N. Broadway} Address, 41 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1663 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1887.

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Anna Benesh

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, _____ Years, _____ Months, 18 Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation, _____

Birth Place, State or country, and how long in the United States, if of foreign birth. Balto. Md.

Duration of Residence in the City of Baltimore, 18 days

Place of Death, Give Street and Number. 1308 Holland St.

Cause of Death, First (Primary), Anemia
Second (Immediate), Marasmus

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cent

Date of Burial, July 25th 1887.

Undertaker, H. Hofmann Francis A. Lane M. D. Medical Attendant.

Place of Business, 211 N. Calver St. Address, 437 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1664 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Daily

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 Years, 10 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Balto. City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, 5th W. West St.

Place of Death, { Give Street and Number. } 5th W. West St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Bruce Cemetery

Date of Burial, July 24th 1887

{ Undertaker, Daniel Flynn } R. J. N. Tall, M. D. Medical Attendant.

{ Place of Business, 42 E. West St. } Address, 159 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1665 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23 - 1887

Full Name of Deceased, Thomas G. Williams
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 12 Years, — Months, — Days

Color, White

Married, Single ~~Widow or~~ ~~Married~~ { Cross out the words not required in this line. }

Occupation, Clerk

Birth Place, Virginia
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 47 Years

Place of Death, Church Lane, Sepulchre & Burial
{ Give Street and Number. }

Cause of Death, Paralysis
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, July 25. 1887

Undertaker, M. A. Dagen

Place of Business, 229 S. Broadway

Address, Church Lane, Sepulchre & Burial

[Signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1668 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Schleicher

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 5 (five) Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City Ratto U.S

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 1926. Harb St.

Cause of Death, { First (Primary), Second (Immediate), } Trismus Spasmodicus
Asphyxia

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel - Cere

Date of Burial, July 25 1887

{ Undertaker, John Henry Medical Attendant, _____

{ Place of Business, 2008 Orleans St. Address, 804 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1667 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Burton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 7 Months, 5 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give Street and Number. } 604 Spring

Cause of Death, { First (Primary), Second (Immediate), } Head Aneurism
Dropsy

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Lurnet Cemetery

Date of Burial, July 25 1887

Undertaker, William Hanger

Place of Business, 150 East St

Medical Attendant, Edwin B. Penby, M. D.

Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 1668. Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Hammond

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 4 Months, Days.

Color, ed.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 252 Bruce St.

Cause of Death, { First (Primary), Feeling
Second (Immediate), Dysentery }

Duration of Last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cem

Date of Burial, July 25th 1887 Amos Stinson M. D.

{ Undertaker, Com'n Single } Comm' Health & Registrar

{ Place of Business, Carl St } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Sinding Inspector [OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022

Health Department, City of Baltimore.

Permit No. A. 1669

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry L. Cassell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, _____ Months, 20 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Car Driver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1517 Clarkson St

Cause of Death, { First (Primary), Second (Immediate), } Congestion of the Brain
Syncope

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26, 1887

Undertaker, Bernard Harle

Frank J. Flannery M. D.

Place of Business, 115 West St

Coroner M. D. Attendant
Address, 1701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]